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NAME CHANGE CONSENT

NAME & ACCOUNT #: _____

I request to have my **name** changed from _____

My **new name** is _____

Please provide one of the following supporting documents for this request:

Marriage License

Legal Forms

(IE: Adoption, Divorce, Name Change, etc...)

We will also need updated copies of your Drivers License AND Social Security Card.

Please check whether you have debit and/or credit card associated with your account: YES NO

Current Email Address _____

Effective Date of changes _____

The information provided above will be changed in our computer system for further mailing of statements, promotional flyers, etc. and then placed in the personal permanent files of anyone mentioned above. Thank you for your cooperation with this matter.

Print Name

Signature

Date

Office Use ONLY

Date Received: _____

Date Corrected: _____

Employee Sig/Int: _____